



**SANDRA SHEWRY**  
Director

State of California—Health and Human Services Agency  
**Department of Health Services**



**ARNOLD SCHWARZENEGGER**  
Governor

**DATE:** July 18, 2005

**TO:** RURAL HEALTH SERVICES (RHS) PROGRAM CONTACTS

**SUBJECT:** DECLARATION OF INTENT TO APPLY/NOT TO APPLY FOR RHS  
PROGRAM FUNDING AND DECLARATIONS OF INTENT FOR  
CONTRACT BACK PROGRAMS, FISCAL YEAR (FY) 2005-06

The purpose of this letter is to transmit the required documents necessary to apply or not to apply for the RHS Program and/or the RHS Contract Back Programs for FY 2005-06. The RHS Program and RHS Contract Back Programs are funded with Proposition 99 funds for the reimbursement of uncompensated medical care provided to medically indigent individuals who cannot afford to pay and for whom no other source of payment is available.

For your information and careful consideration, we have listed the options for administration of your county's RHS Program funds:

- Option 1:** County directly administers all of its RHS Program funds.
- Option 2:** Both the county and the California Department of Health Services (CDHS) administer the county's RHS Program funds. The county directly administers a portion of its RHS Program funds. The CDHS directly administers a portion on behalf of the county through the RHS Contract Back Programs.
- Option 3:** CDHS directly administers all of the county's RHS Program funds on behalf of the county through the RHS Contract Back Programs.

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Each county is required to elect the option by which its RHS Program funds will be administered. Additional details regarding each option are provided in the enclosed instructions, along with the required documents for each option.

Counties should note that under Options 2 and 3, the CDHS will withhold the maximum allowable percentage for the Children's Treatment Program (CTP) from your county's RHS funds for FY 2005-06, based upon the CTP expenditures exceeding revenues for the current year (Welfare & Institutions Code, Section 16934.5). The amount withheld will vary by county, based upon the components of each county's allocation. Counties should also note that the CDHS will not have the FY 2005-06 RHS Program fund amounts until the passage of the State Budget. Once the Budget is passed, counties will receive their RHS Program Funds Table by e-mail from the County Health Services Unit (CHSU).

Please complete and forward the appropriate executed documents for your county no later than August 31, 2005, to the following address:

**California Department of Health Services  
Office of County Health Services  
Attention: County Health Services Unit  
MS 5202  
P.O. Box 997413  
Sacramento, CA 95899-7413**

If you have any questions about the RHS Program funding application, please contact your CHSU analyst at (916) 552-8016. Questions pertaining to the Contract Back Programs may be directed to Ms. Denise Sewart, Chief, Policy and Contract Back Units, at (916) 552-8064.

Sincerely,

**ORIGINAL SIGNED BY NANCY E. HAYWARD**

Nancy E. Hayward, Chief  
Medically Indigent Services Section

Enclosures

cc: See Next Page

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cc: Mr. Gregory A. Franklin, M.H.A.  
Deputy Director  
California Department of  
Health Services  
Health Information and  
Strategic Planning Division  
MS 5000  
P.O. Box 997413  
Sacramento, CA 95899-7413

Ms. Roberta Lawson, R.D.H., M.P.H.  
Executive Administrator  
California Conference of Local  
Health Officers  
MS 7003  
P.O. Box 997413  
Sacramento, CA 95899-7413

Ms. Judith Reigel  
Executive Officer  
County Health Executives  
Association of California  
1127 11th Street, Suite 309  
Sacramento, CA 95814

County Auditor-Controller Contacts

Board of Supervisors Contacts

**INSTRUCTIONS**  
**Rural Health Services (RHS) Program**  
**FY 2005-06**

All counties have three options concerning RHS Program funds. Counties are requested to inform the State of the option they prefer by completing and submitting the enclosed document(s). Your county may also access these forms by visiting our Web site at <http://www.dhs.ca.gov/hisp/ochs/pss/prop99.htm>. The three options are:

- Option 1:** County directly administers all of its RHS Program allocation. This option requires submitting the Declaration of Intent to Apply document.
- Option 2:** County directly administers a portion of its RHS Program allocation and has the California Department of Health Services (CDHS) administer a portion. This option also requires submitting the Declaration of Intent to Apply document, as well as the appropriate Contract Back Program document(s): Children's Treatment Program (CTP), Physician Services Account, and the Hospital Services Account.
- Option 3:** CDHS directly administers the county's RHS Program allocation. This option requires submitting the Declaration of Intent Not to Apply document.

To implement **Option 1:**

- Complete the enclosed Declaration of Intent to Apply document.
- Have your Board of Supervisors sign and date the document.
- Submit the original document to the Office of County Health Services (OCHS).
- Complete the RHS Program Application and Standard Agreement. OCHS will mail these documents to your county at a later date.

To implement **Option 2:**

- Complete the Declaration of Intent to Apply document.
- Complete, as appropriate, the attached/enclosed Contract Back Program document(s): CTP (Declaration No. 1), PSA (Declaration No. 2), and/or HSA (Declaration No. 3).
- Have your Board of Supervisors sign and date all documents.
- Submit the original documents to OCHS.
- Complete the RHS Program Application and Standard Agreement. OCHS will mail these documents to your county at a later date.

To implement **Option 3:**

- Complete the Declaration of Intent Not to Apply document.
- Have your Board of Supervisors sign and date the documents.
- Submit the original documents to OCHS.
- No further action is required. The CDHS will administer the RHS Program funds on behalf of the county.

**DECLARATION OF INTENT NOT TO APPLY  
FOR  
RURAL HEALTH SERVICES PROGRAM FUNDING  
FISCAL YEAR (FY) 2005-06**

The County of \_\_\_\_\_ (hereinafter called the County), hereby notifies the California Department of Health Services (hereinafter called the Department), that the County is not applying for its allocation of FY 2005-06 Rural Health Services Program funds (hereinafter called RHS funds).

The County, pursuant to Chapter 195, Statutes of 1994, Assembly Bill 816, Welfare and Institutions Code, Sections 16934.5 (a), 16935 (a) and 16935.5, requests that the Department administer its RHS funds in a manner consistent with these citations.

This Declaration of Intent Not To Apply has been executed by:

Name: \_\_\_\_\_  
(Authorized Representative of the County Board of Supervisors)

Title: \_\_\_\_\_

County of: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DECLARATION OF INTENT TO APPLY  
FOR  
RURAL HEALTH SERVICES PROGRAM FUNDING  
FISCAL YEAR (FY) 2005-06**

The County of \_\_\_\_\_ (hereinafter called the County), hereby notifies the California Department of Health Services (hereinafter called the Department), that the County intends to apply for its allocation of FY 2005-06 Rural Health Services Program funds (hereinafter called RHS funds).

This Declaration of Intent To Apply has been executed by:

Name: \_\_\_\_\_  
(Authorized Representative of the County Board of Supervisors)

Title: \_\_\_\_\_

County of: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Declaration of Intent  
To Contract with the California Department of Health Services  
For the Administration of the Children's Treatment Program  
Fiscal Year (FY) 2005-06  
Effective July 1, 2005**

Pursuant to Welfare and Institutions (W&I) Code, Section 16934.5, the County of \_\_\_\_\_ (hereinafter referred to as the County) will contract with the California Department of Health Services (hereinafter referred to as the Department) to administer the County's Child Health and Disability Prevention (CHDP) Treatment Mandate, via the **Children's Treatment Program**.

The County agrees to the following conditions and stipulations in making this Declaration of Intent to contract:

- The Department shall establish uniform operating and reimbursement policies and eligibility and program standards consistent with statutory requirements in W&I Code, Sections 16934 and 16934.5.
- The County agrees that, in exchange for administering the County's CHDP Treatment Mandate, the Department shall retain the **maximum allowable** percentage of the County's Proposition (PROP) 99 Rural Health Services funds that the County would have otherwise received pursuant to W&I Code, Sections 16930, 16932, and 16933.
- The County is committed to contract with the Department to administer its CHDP Treatment Mandate pursuant to subdivision (a) of W&I Code, Section 16934.5 for FY 2005-06.

In case there is any legislation passed which eliminates this contract back option, any resulting contract will be terminated as of the effective date of the legislation or any other date specified in the legislation for termination of this Program.

This Declaration of Intent has been executed by:

Name: \_\_\_\_\_  
**(Authorized Representative of the County Board of Supervisors)**

Title: \_\_\_\_\_

County of: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Declaration of Intent  
To Contract with the California Department of Health Services  
For the Administration of the Physician Services Account  
Fiscal Year (FY) 2005-06  
Effective July 1, 2005**

Pursuant to Welfare and Institutions (W&I) Code, Sections 16933 (c) (2) and 16952(c), the County of \_\_\_\_\_ (hereinafter referred to as the County) will contract with the California Department of Health Services (hereinafter referred to as the Department) to administer those funds available to the County from the **Physician Services Account** of the Cigarette and Tobacco Products Surtax Fund.

The County agrees to the following conditions and stipulations in making this declaration of intent to contract:

- The Department shall retain all funds which otherwise would be allocated to the County for its Physician Services' Account, pursuant to W&I Code, Section 16933.
- The Department shall establish uniform operating and reimbursement policies and eligibility and program standards.
- The County is committed to contract with the Department to administer its Physician Services Account funds for FY 2005-2006, only.

In case there is any legislation passed which eliminates this contract back option, any resulting contract will be terminated as of the effective date of the legislation or any other date specified in the legislation for termination of this Program.

This Declaration of Intent has been executed by:

Name: \_\_\_\_\_  
**(Authorized Representative of the County Board of Supervisors)**

Title: \_\_\_\_\_

County of: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Declaration of Intent  
To Contract with the California Department of Health Services  
For the Administration of the Hospital Services Account  
Fiscal Year (FY) 2005-06  
Effective July 1, 2005**

Pursuant to Welfare and Institutions (W&I) Code, Sections 16934.7, 16932, and 16946(b), the County of \_\_\_\_\_ (hereinafter referred to as the County) will contract with the California Department of Health Services (hereinafter referred to as the Department) to administer the distribution and monitoring of **all** non-county hospital funds allocated to the County from the **Hospital Services Account** of the Cigarette and Tobacco Products Surtax Fund.

The County agrees to the following conditions and stipulations in making this Declaration of Intent to contract:

- The Department shall retain **all** non-county hospital funds identified in subdivision (b) of W&I Code, Section 16946, which are allocated to the County from the Hospital Services Account.
- The Department shall establish uniform operating and reimbursement policies and eligibility and program standards.
- The County is committed to contract with the Department to administer its Hospital Services Account non-county hospital funds for FY 2005-2006.

In case there is any legislation passed which eliminates this contract back option, any resulting contract will be terminated as of the effective date of the legislation or any other date specified in the legislation for termination of this Program.

This Declaration of Intent has been executed by:

Name: \_\_\_\_\_  
**(Authorized Representative of the County Board of Supervisors)**

Title: \_\_\_\_\_

County of: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_